



UIC Federal Reporting System

Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042
Approval expires 12/31/18

1. Reporting Period

From _____ To _____

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement								VII. Date Compliance Achieved	
			Date of Violation	Mark (X) Violation Type						Date of Enforcement	Mark (X) Enforcement Type									
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification		Other (Specify)	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance		Other (Specify)
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Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form

Typed or Printed Name and Title

Jessica Spence Environmental Scientist

Date

Telephone No.